

GOH MEDICAL PA • 200 W. JOHN CARPENTER FWY, IRVING TX 75039-2003

B [REDACTED], B [REDACTED] (id #12535, dob: [REDACTED])

Medical Records - CONFIDENTIAL

FROM: TX - GOH Medical, PA

Angel R
200 W. JOHN CARPENTER FWY, IRVING, TX 75039-
2003
Phone: (972) 292-7158
Fax: (877) 292-2247

TO: SCOTT CONRAD

7200 STATE HWY161, IRVING, TX
75039
Phone: (972) 443-5300
Fax: (972) 432-0498

Name: B [REDACTED], B [REDACTED]

DOB: [REDACTED]

Date Range: to 06/14/2018

This document contains the following records of the patient:

- Facesheet
- Medication List
- Vaccination History

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GOVERNMENT
EXHIBIT
638
4:18-CR-368

GOH MEDICAL PA • 200 W. JOHN CARPENTER FWY, IRVING TX 75039-2003

B [REDACTED], B [REDACTED] (id #12535, dob: [REDACTED])

Facesheet**Demographics**

Patient Name B [REDACTED] B [REDACTED]

Sex F

DOB [REDACTED]

Address [REDACTED]

City/State/Zip [REDACTED]

Home Phone [REDACTED]

Insurance Prescription: OPTUMCOM - Member is ineligible. Patient found on payor's files, but not covered on date of inquiry.
details
Prescription: OPTUMCOM - Member is ineligible. Patient found on payor's files, but not covered on date of inquiry.
details

Height / Weight / BMI / BP

None recorded.

Problems

- Scar - Pt has a pediatrician. Daughter of Weston Black-per father's request to Dr. Conard, Scar Cream sent in to Omni for potential scarring on foot.

Surgical History

None recorded.

Medications

No medications reported

Vaccines

None recorded.

Allergies / Adverse Reactions

NKDA

Past Medical History

(none recorded)

Social History

None recorded.

Family History

Father - No current problems or disability

Mother - No current problems or disability

GYN History

None recorded.

Patient History - Other

None recorded.

Past Pregnancies

None recorded.

Obstetric History

None recorded.

Screening

None recorded.

Medication List

No medications reported

Vaccination History

None recorded.

GOH MEDICAL PA • 200 W. JOHN CARPENTER FWY, IRVING TX 75039-2003

BLACK, WESTON (id #32, dob: [REDACTED])

Patient		DOB	
[REDACTED]		[REDACTED]	
Home Phone		Cell Phone	
[REDACTED]		[REDACTED]	
Address		[REDACTED]	
City	State	Zip	
Fl. Wom	TX	76110	
Allergies	Diag. 709.2		

Insurance Info		
Carrier: <u>Altra</u>		
Bin# <u>1140860054</u>	PCN#	
Group # <u>84715901100002</u>		
Workers Comp	Yes	No <u>X</u>
DOI	Claim #	

Back & Radicular Pain

- ☐ **BRP-33**
- Clonidine 0.20%
 - Gabapentin 6%
 - Flurbiprofen 10%
 - Bupivacaine HCL 5%
 - Magnesium Chloride 10%
 - Dextromethorphan HBr 10%
- ☐ **BRP-4**
- Gabapentin 6%
 - Clonidine 0.1%
 - Diclofenac 2%
 - Lidocaine 2%
 - Pentoxifylline 2%

(Dispensing Quantity: 300mLs OR Other Quantity: _____)
(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: _____)**Neuropathic & Chronic Pain**

- ☐ **NCP-55**
- Baclofen 2%
 - Gabapentin 6%
 - Imipramine 3%
 - Nifedipine 2%
 - Bupivacaine HCL 5%
 - Magnesium Chloride 15%
 - Dextromethorphan HBr 5%
 - Flurbiprofen 10%
- ☐ **NCP-88**
- Baclofen 2%
 - Cyclobenzaprine 2%
 - Flurbiprofen 15%
 - Gabapentin 6%
 - Magnesium Chloride 15%
 - Dextromethorphan HBr 5%

(Dispensing Quantity: 300mLs OR Other Quantity: _____)
(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: _____)

- ☐ **NCP-7**
- Flurbiprofen 20%
 - Baclofen 2%
 - Cyclobenzaprine 2%
 - Gabapentin 6%
 - Lidocaine 2.5%
- ☐ **NCP-99**
- Baclofen 2%
 - Cyclobenzaprine 2%
 - Gabapentin 6%
 - Bupivacaine HCL 5%
 - Diclofenac 5%
 - Magnesium Chloride 15%
 - Dextromethorphan HBr 10%

(Dispensing Quantity: 300mLs OR Other Quantity: _____)
(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: _____)**General Pain / Inflammation**

- ☐ **GPI-2**
- Tramadol 5%
 - Flurbiprofen 20%
 - Cyclobenzaprine 2%
 - Baclofen 2%
- ☐ **OTHER FORMULATION**

(Dispensing Quantity: 300mLs OR Other Quantity: _____)
(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: _____)**Specialty**

- ☒ **SCAR**
- Fluticasone Propionate 1%
 - Levocetizine Dihydrochloride 2%
 - Pentoxifylline 0.5%
- ☐ For painful scars add:
- Prilocaine 3%
 - Gabapentin 15%
- ☐ **DERM-2: TOPICAL ANTI FUNGAL CREAM**
- Fluticasone 1%
 - Fluconazole 2%
 - Pentoxifylline 0.5%
 - Lidocaine 2%
 - Hydroxyzine 2%
- ☐ **DERM-3: ANTI FUNGAL NAIL LOTION**
- Fluticasone 1%
 - Fluconazole 2%
 - Urea 15%
- ☐ **DERM-5: CONTACT DERMATITIS**
- Fluticasone 1%
 - Methycobalamin 0.07%
 - Coenzyme Q10 4%
- ☐ Contact Dermatitis with pain add:
- Lidocaine 2%
 - Hydroxyzine 2%
- ☐ **DERM-6: PSORIASIS**
- Fluticasone 1%
 - Methycobalamin 0.07%
 - Coenzyme Q10 4%
 - Vitamin D3 0.05%
 - Tretinoin 0.02%
- ☐ **DERM-7: PLANTAR FASCIITIS**
- Diclofenac 5%
 - Baclofen 2%
 - Fluticasone 1%
 - Lidocaine 2%
 - Verapamil Hydrochloride 10%

(Dispensing Quantity: 300mLs OR Other Quantity: _____)
(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: 5)**Metabolic Supplements**

- ☐ **MS-2: GENERAL WELLNESS**
- MS-21: Methycobalamin 20mg, Pyridoxal-5-Phosphate 70mg, 5-MTHF 10mg
(SIG: Take 1 capsule by mouth twice daily; Dispense: 60 OR Alternative SIG: _____)
 - MS-22: Coenzyme Q10 100mg, Alpha Lipoic Acid 250mg, N-Acetylcysteine 250mg, Vit D3 1,000IU
(SIG: Take 2 capsules by mouth once daily; Dispense: 60 OR Alternative SIG: _____)
- ☐ **MS-3: GENERAL WELLNESS**
- MS-31: Resveratrol Powder 100mg, Piperine 20mg
(SIG: Take 2 capsules by mouth once daily; Dispense: 60 OR Alternative SIG: _____)
 - MS-32: Hydrocobalamin 20mg, Coenzyme Q10 100mg, Alpha Lipoid Acid 250mg, Vit D3 1,000IU
(SIG: Take 2 capsules by mouth once daily; Dispense: 60 OR Alternative SIG: _____)

Alternative SIG: _____

Prescriber Name: Scott Umard NPI # 1831161546Lic. #: H2314 DEA #: BC1028031

Address: _____

Phone #: (972) 292-7158 Fax #: (972) 292-2247Signature (Note: Manual Signature Required for CS) [Signature] Date: 7/8/14

Note: Ketamine is Schedule III controlled substance.

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1. What is the main purpose of the document?
The main purpose of the document is to provide a comprehensive overview of the company's financial performance for the year 2023, including a detailed analysis of revenue, expenses, and profit.

2. What are the key findings of the financial analysis?
The key findings of the financial analysis are that the company's revenue increased by 15% compared to the previous year, while expenses remained relatively stable, resulting in a 10% increase in net profit.

3. What are the major challenges facing the company?
The major challenges facing the company are the increasing competition in the market, the rising cost of raw materials, and the fluctuating exchange rates.

4. What are the recommendations for the future?
The recommendations for the future are to diversify the product line, improve operational efficiency, and explore new markets to expand the company's reach.

1. The first step in the process is to identify the problem. This involves gathering information about the situation and the people involved.

2. The next step is to analyze the problem. This involves breaking the problem down into its component parts and identifying the causes.

3. The third step is to develop a plan. This involves determining the steps that need to be taken to solve the problem.

4. The fourth step is to implement the plan. This involves putting the plan into action and monitoring the progress.

5. The final step is to evaluate the results. This involves assessing the effectiveness of the solution and making any necessary adjustments.

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 Stain
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1. *What is the purpose of the study?*
 The purpose of the study is to determine the effect of the use of a computer-based learning system on the learning of the English language.

2. *What is the research question?*
 The research question is: "What is the effect of the use of a computer-based learning system on the learning of the English language?"

3. *What is the hypothesis?*
 The hypothesis is: "The use of a computer-based learning system will have a positive effect on the learning of the English language."

4. *What is the independent variable?*
 The independent variable is the use of a computer-based learning system.

5. *What is the dependent variable?*
 The dependent variable is the learning of the English language.

6. *What is the significance of the study?*
 The significance of the study is that it will provide information on the effectiveness of computer-based learning systems in the classroom.

7. *What are the limitations of the study?*
 The limitations of the study are that it is a small-scale study and that it only focuses on the learning of the English language.

8. *What are the conclusions of the study?*
 The conclusions of the study are that the use of a computer-based learning system has a positive effect on the learning of the English language.

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GOH MEDICAL PA • 200 W. JOHN CARPENTER FWY, IRVING TX 75039-2003

B [REDACTED], M [REDACTED] (id #12536, dob: [REDACTED])

Medical Records - CONFIDENTIAL

FROM: TX - GOH Medical, PA

Angel R
200 W. JOHN CARPENTER FWY, IRVING, TX 75039-
2003
Phone: (972) 292-7158
Fax: (877) 292-2247

TO: SCOTT CONRAD

7200 STATE HWY161, IRVING, TX
75039
Phone: (972) 443-5300
Fax: (972) 432-0498

Name: B [REDACTED], M [REDACTED]

DOB: [REDACTED]

Date Range: to 06/14/2018

This document contains the following records of the patient:

- **Facesheet**
- **Medication List**
- **Vaccination History**

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GOH MEDICAL PA • 200 W. JOHN CARPENTER FWY, IRVING TX 75039-2003

E [REDACTED], M [REDACTED] (id #12536, dob: [REDACTED])

Facesheet**Demographics**

Patient Name E [REDACTED], M [REDACTED]

Sex F

DOB [REDACTED]

Address [REDACTED]

City/State/Zip [REDACTED]

Home Phone [REDACTED]

Insurance Prescription: OPTUMCOM - Member is ineligible. Patient found on payor's files, but not covered on date of inquiry.
 details
 Prescription: OPTUMCOM - Member is ineligible. Patient found on payor's files, but not covered on date of inquiry.
 details

Height / Weight / BMI / BP

None recorded.

Problems

- Scar - Daughter of Weston Black-currently followed by pediatrician-Father requested scar cream for both daughters to try due to potential scarring

Surgical History

None recorded.

Medications

No medications reported

Vaccines

None recorded.

Allergies / Adverse Reactions

NKDA

Past Medical History

(none recorded)

Social History

None recorded.

Family History

Father - No current problems or disability
 Mother - No current problems or disability

GYN History

None recorded.

Patient History - Other

None recorded.

Past Pregnancies

None recorded.

Obstetric History

None recorded.

Screening

None recorded.

Medication List

No medications reported

Vaccination History

None recorded.

GOH MEDICAL PA • 200 W. JOHN CARPENTER FWY, IRVING TX 75039-2003

BLACK, WESTON (id #32, dob: [REDACTED])

Patient M [REDACTED] [REDACTED]		DOB [REDACTED]	
Home Phone [REDACTED]		Cell Phone [REDACTED]	
Address [REDACTED]			
City Ft. Worth		State TX	Zip 76110
Allergies [REDACTED]		Diag. 79.2	

Insurance Info	
Carrier: Aetna	
Bin# 9140860054	PCN#
Group # 84715901100002	
Workers Comp	Yes No <input checked="" type="checkbox"/>
DOI	Claim #

Back & Radicular Pain

- ☐ **BRP-33**
- Clonidine 0.20%
 - Gabapentin 6%
 - Flurbiprofen 10%
 - Bupivacaine HCL 5%
 - Magnesium Chloride 10%
 - Dextromethorphan HBr 10%
- ☐ **BRP-4**
- Gabapentin 6%
 - Clonidine 0.1%
 - Diclofenac 2%
 - Lidocaine 2%
 - Pentoxifylline 2%

(Dispensing Quantity: 300mLs OR Other Quantity: _____)
(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: _____)

Neuropathic & Chronic Pain

- ☐ **NCP-55**
- Baclofen 2%
 - Gabapentin 6%
 - Imipramine 3%
 - Nifedipine 2%
 - Bupivacaine HCL 5%
 - Magnesium Chloride 15%
 - Dextromethorphan HBr 5%
 - Flurbiprofen 10%
- ☐ **NCP-88**
- Baclofen 2%
 - Cyclobenzaprine 2%
 - Flurbiprofen 15%
 - Gabapentin 6%
 - Magnesium Chloride 15%
 - Dextromethorphan HBr 5%

(Dispensing Quantity: 300mLs OR Other Quantity: _____)
(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: _____)

- ☐ **NCP-7**
- Flurbiprofen 20%
 - Baclofen 2%
 - Cyclobenzaprine 2%
 - Gabapentin 6%
 - Lidocaine 2.5%
- ☐ **NCP-99**
- Baclofen 2%
 - Cyclobenzaprine 2%
 - Gabapentin 6%
 - Bupivacaine HCL 5%
 - Diclofenac 5%
 - Magnesium Chloride 15%
 - Dextromethorphan HBr 10%

(Dispensing Quantity: 300mLs OR Other Quantity: _____)
(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: _____)

General Pain / Inflammation

- ☐ **GPI-2**
- Tramadol 5%
 - Flurbiprofen 20%
 - Cyclobenzaprine 2%
 - Baclofen 2%
- ☐ **OTHER FORMULATION**

(Dispensing Quantity: 300mLs OR Other Quantity: _____)
(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: _____)

Specialty

- ☒ **SCAR**
- Fluticasone Propionate 1%
 - Levoflozacin Dihydrochloride 2%
 - Pentoxifylline 0.5%
- ☐ **For painful scars add:**
- Prilocaine 3%
 - Gabapentin 15%

- ☐ **DERM-5: CONTACT DERMATITIS**
- Fluticasone 1%
 - Methylcobalamin 0.07%
 - Coenzyme Q10 4%
- ☐ **Contact Dermatitis with pain add:**
- Lidocaine 2%
 - Hydroxyzine 2%

- ☐ **DERM-2: TOPICAL ANTI FUNGAL CREAM**
- Fluticasone 1%
 - Fluconazole 2%
 - Pentoxifylline 0.5%
 - Lidocaine 2%
 - Hydroxyzine 2%

- ☐ **DERM-6: PSORIASIS**
- Fluticasone 1%
 - Methylcobalamin 0.07%
 - Coenzyme Q10 4%
 - Vitamin D3 0.05%
 - Tretinoin 0.02%

- ☐ **DERM-3: ANTI FUNGAL NAIL LOTION**
- Fluticasone 1%
 - Fluconazole 2%
 - Urea 15%

- ☐ **DERM-7: PLANTAR FASCIITIS**
- Diclofenac 5%
 - Baclofen 2%
 - Fluticasone 1%
 - Lidocaine 2%
 - Verapamil Hydrochloride 10%

(Dispensing Quantity: 300mLs OR Other Quantity: _____)
(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: _____)

Metabolic Supplements

- ☐ **MS-2: GENERAL WELLNESS**
- MS-21: Methylcobalamin 20mg, Pyridoxal-5-Phosphate 70mg, 5-MTHF 10mg
(SIG: Take 1 capsule by mouth twice daily; Dispense: 60 OR Alternative SIG: _____)
 - MS-22: Coenzyme Q10 100mg, Alpha Lipoic Acid 250mg, N-Acetylcysteine 250mg, Vit D3 1,000IU
(SIG: Take 2 capsules by mouth once daily; Dispense: 60 OR Alternative SIG: _____)
- ☐ **MS-3: GENERAL WELLNESS**
- MS-31: Resveratrol Powder 100mg, Piperine 20mg
(SIG: Take 2 capsules by mouth once daily; Dispense: 60 OR Alternative SIG: _____)
 - MS-32: Hydrocobalamine 20mg, Coenzyme Q10 100mg, Alpha Lipoic Acid 250mg, Vit D3 1,000IU
(SIG: Take 2 capsules by mouth once daily; Dispense: 60 OR Alternative SIG: _____)

Alternative SIG: _____

Prescriber Name: Scott Conrad NPI # 1831161546

Lic. #: H2314 DEA: # BCL028031

Address: _____

Phone #: (727) 292-7158 Fax #: (877) 292-2247

Signature (Note: Manual Signature Required for CS) _____ Date: 7/8/14

Note: Ketamine is Schedule III controlled substance.

GOH MEDICAL PA • 200 W. JOHN CARPENTER FWY, IRVING TX 75039-2003

KENDLE, AARON (id #12539, dob: [REDACTED])

Medical Records - CONFIDENTIAL

FROM: TX - GOH Medical, PA
LAUREN/NURSE
200 W. JOHN CARPENTER FWY, IRVING, TX 75039-2003
Phone: (972) 292-7158
Fax: (877) 292-2247

TO: SCOTT CONARD MD
6211 W NORTHWEST HWY, DALLAS, TX 75225
Phone: (972) 292-7158
Fax: (877) 292-2247

Name: KENDLE, AARON

DOB: [REDACTED]

Date Range: to 06/14/2018

This document contains the following records of the patient:

- Facesheet
- Clinical Documents
- Medication List
- Vaccination History

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GOH MEDICAL PA • 200 W. JOHN CARPENTER FWY, IRVING TX 75039-2003

KENDLE, AARON (id #12539, dob: [REDACTED])

Facesheet

Demographics

Patient Name KENDLE, AARON

Sex M

DOB [REDACTED]

Address [REDACTED]

City/State/Zip [REDACTED]

Home Phone [REDACTED]

Mobile
Phone [REDACTED]

Insurance Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information. details

Height / Weight / BMI / BP

None recorded.

Problems

None recorded.

Surgical History

None recorded.

Medications

None recorded.

Vaccines

None recorded.

Allergies / Adverse Reactions

NKDA

Past Medical History

(none recorded)

Social History

None recorded.

Family History

None recorded.

Patient History - Other

None recorded.

Screening

None recorded.

Clinical Documents

GOH MEDICAL PA • 200 W. JOHN CARPENTER FWY, IRVING TX 75039-2003

KENDLE, AARON (id #12539, dob: [REDACTED])

Patient		DOB	
Aaron Kendle		[REDACTED]	
Home Phone		Cell Phone	
[REDACTED]		[REDACTED]	
Address		[REDACTED]	
City	State	Zip	
Arlington	TX	76006	
Allergies			
Diag.			

Insurance info	
Carrier	Tricare
Bin#	PCN#
Group #	
Member ID #	530875729
Workers Comp	Yes No
DOI	Claim #

Back & Radicular Pain

- ☐ **BRP-3**
- Chlorzoxazone 100% 100%
 - Cyclobenzaprine 100%
 - Lidocaine 2%
 - Add:

- ☐ **BRP-4**
- Fluticasone 100%
 - Hydroxyzine 100%
 - Lidocaine 2%
 - Permethrin 100%
 - Add:

Dispensing Quantity: 100g Lx100
 Other Quantity: _____
 SIG: Apply 1-2 pumps to affected area 3-4 times daily 1 pump 1 time Refills: _____

General Pain/Inflammation

- ☐ **GPI-2**
- Hydroxyzine 100%
 - Lidocaine 2%
 - Add:

Dispensing Quantity: 100g Lx100
 Other Quantity: _____
 SIG: Apply 1-2 pumps to affected area 3-4 times daily 1 pump 1 time Refills: _____

Other

- ☒ **Anti-Fungal Cream**
**Fluticasone 1%, Fluconazole 2%,
 Pentoxifylline .5%, Lidocaine 2%,
 Hydroxyzine 10%**

300mL 6 Refills

Neuropathic & Chronic Pain

- ☐ **NCP-5**
- Baclofen 100%
 - Cyclobenzaprine 100%
 - Lidocaine 2%
 - Add:

- ☐ **NCP-7**
- Fluticasone 100%
 - Baclofen 100%
 - Cyclobenzaprine 100%
 - Lidocaine 2%
 - Add:

- ☐ **NCP-9**
- Baclofen 100%
 - Cyclobenzaprine 100%
 - Lidocaine 2%
 - Add:

Dispensing Quantity: 100g Lx100
 Other Quantity: _____
 SIG: Apply 1-2 pumps to affected area 3-4 times daily 1 pump 1 time Refills: _____

Hair Restoration

- ☐ **Scalp Care - 4 hair solution**
- Biotin 100%
 - Argan Oil 100%
 - Mineral Oil 100%
 - Add:

Dispensing Quantity: 120mL Lx100
 Other Quantity: _____
 SIG: Apply 1-2 pumps to affected area 3-4 times daily 1 pump 1 time Refills: _____

Specialty

- ☐ **DERM-5: CONTACT DERMATITIS / ECZEMA**
- Hydrocortisone 100%
 - Methylprednisolone 100%
 - Cyclobenzaprine 100%
 - Add:

- ☐ **Contact Dermatitis with psoriasis, add:**
- Vitamin D 100%
 - Hydrocortisone 100%

- ☐ **DERM-6: PSORIASIS**
- Hydrocortisone 100%
 - Methylprednisolone 100%
 - Cyclobenzaprine 100%
 - Add:

- ☐ **DERM-7: PLANTAR FASCIITIS**
- Baclofen 100%
 - Biotin 100%
 - Cyclobenzaprine 100%
 - Add:

Dispensing Quantity: 100g Lx100 Other Quantity: _____
 SIG: Apply 1-2 pumps to affected area 3-4 times daily 1 pump 1 time Refills: 6

MGL-1B: MIGRAINE

- Hydrocortisone 100%
- Baclofen 100%
- Cyclobenzaprine 100%
- Add:

SCAR

- Hydrocortisone 100%
- Hydrocortisone 100%
- Add:

STRETCH MARKS / ELASTICITY

- Hydrocortisone 100%
- Hydrocortisone 100%
- Add:

Metabolic Supplements**MS-2: GENERAL WELLNESS**

- MS-2: 1 capsule by mouth twice daily, Dispense 60 Refills: _____
- MS-2: 1 capsule by mouth twice daily, Dispense 60 Refills: _____

MS-3: GENERAL WELLNESS

- MS-3: 1 capsule by mouth twice daily, Dispense 60 Refills: 12
- MS-3: 1 capsule by mouth twice daily, Dispense 60 Refills: 12

Prescriber Name: Scott Conarzel		NPI # 1831161546	
Lic. #: A2314	DEA #: BC1028631		
Address: 6211 W Northwest Highway, Ste C255 Dallas TX 75225			
Phone #: 972-292-7158	Fax: 972-292-2247		
Signature (Note: Manual Signature Required for CSI)		Date: 10/28/14	

Medication List

None recorded.

GOH MEDICAL PA • 200 W. JOHN CARPENTER FWY, IRVING TX 75039-2003

KENDLE, AARON (id #12539, dob: [REDACTED])

Vaccination History

None recorded.

GOH MEDICAL PA - 200 W. JOHN CARPENTER FWY, IRVING TX 75039-2003

KENDLE, MINDY (id #12540, dob: [REDACTED])

Medical Records - CONFIDENTIAL

FROM: TX - GOH Medical, PA
LAUREN/NURSE
200 W. JOHN CARPENTER FWY, IRVING, TX 75039-2003
Phone: (972) 292-7158
Fax: (877) 292-2247

TO: SCOTT E CONARD MD
6211 W NW HWY, DALLAS, TX 75225
Phone: (972) 292-7158
Fax: (972) 658-0738

Name: KENDLE, MINDY

DOB: [REDACTED]

Date Range: to 06/14/2018

This document contains the following records of the patient:

- Facesheet
- Clinical Documents
- Medication List
- Vaccination History

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GOH MEDICAL PA • 200 W. JOHN CARPENTER FWY, IRVING, TX 75039-2003

KENDLE, MINDY (id #12540, dob: [REDACTED])

Facesheet**Demographics**

Patient Name KENDLE, MINDY

Sex F

DOB [REDACTED]

Address [REDACTED]

City/State/Zip [REDACTED]

Home Phone [REDACTED]

Mobile
Phone [REDACTED]

Insurance Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information. details

Height / Weight / BMI / BP

None recorded.

Problems

- Scar - C-section scar

Referred by LL, Esthetic consult for facial/possible skinpen for scarring-rescheduled 10/14

Surgical History

None recorded.

Medications

No medications reported

Vaccines

None recorded.

Allergies / Adverse Reactions

NKDA

Past Medical History

(none recorded)

Social History

Smoking Status: Never smoker

Family History

Father - No current problems or disability
Mother - No current problems or disability

GYN History

None recorded.

Patient History - Other

None recorded.

Past Pregnancies

None recorded.

Obstetric History

None recorded.

Screening

None recorded.

Clinical Documents

GOH MEDICAL PA • 200 W. JOHN CARPENTER FWY. IRVING TX 75039-2003

KENDLE, MINDY (id #12540, dob: [REDACTED])

Vaccination History

None recorded.

GOH MEDICAL PA • 200 W. JOHN CARPENTER FWY, IRVING TX 75039-2003

L [REDACTED], G [REDACTED] (id #12534, dob: [REDACTED])

Medical Records - CONFIDENTIAL

FROM: TX - GOH Medical, PA

Angel R
200 W. JOHN CARPENTER FWY, IRVING, TX 75039-
2003
Phone: (972) 292-7158
Fax: (877) 292-2247

TO: SCOTT CONRAD

7200 STATE HWY161, IRVING, TX
75039
Phone: (972) 443-5300
Fax: (972) 432-0498

Name: L [REDACTED], G [REDACTED]

DOB: [REDACTED]

Date Range: to 06/14/2018

This document contains the following records of the patient:

- Facesheet
- Medication List
- Vaccination History

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GOH MEDICAL PA • 200 W. JOHN CARPENTER FWY, IRVING TX 75039-2003

L [REDACTED], G [REDACTED] (id #12534, dob: [REDACTED])

Facesheet

Demographics

Patient Name L [REDACTED], G [REDACTED]

Sex M

DOB [REDACTED]

Address [REDACTED]

City/State/Zip [REDACTED]

Home Phone [REDACTED]

Work Phone [REDACTED]

Insurance Prescription: ES11 - Member is eligible, details

Height / Weight / BMI / BP

None recorded.

Problems

- Scar - Onset: 07/01/2014

Surgical History

None recorded.

Medications

No medications reported

Pt given scar cream for scarring on forehead due to fall-requested by mother to try verbal approval from Dr. Conard-7/20

Vaccines

None recorded.

Allergies / Adverse Reactions

NKDA

Past Medical History

(none recorded)

Social History

None recorded.

Family History

None recorded.

Patient History - Other

None recorded.

Screening

None recorded.

Medication List

No medications reported

Pt given scar cream for scarring on forehead due to fall-requested by mother to try verbal approval from Dr. Conard-7/20

Vaccination History

None recorded.

GOH/MEDICAL PA - 200 W. JOHN CARPENTER FWY, IRVING TX 75039-2003

SMITH, EDWARD (id #11621, dob: [REDACTED])

Medical Records - CONFIDENTIAL

FROM: TX - GOH Medical, PA
LAUREN/NURSE
200 W. JOHN CARPENTER FWY, IRVING, TX 75039-2003
Phone: (972) 292-7158
Fax: (877) 292-2247

TO: SCOTT CONARD MD
6211 W NORTHWEST HWY, DALLAS, TX 75225
Phone: (972) 292-7158
Fax: (877) 292-2247

Name: SMITH, EDWARD

DOB: [REDACTED]

Date Range: to 06/14/2018

This document contains the following records of the patient:

- Facesheet
- Clinical Documents
- Medication List
- Vaccination History

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GOH MEDICAL PA - 200 W. JOHN CARPENTER FWY, IRVING TX 75039-2003

SMITH, EDWARD (id #11621, dob: [REDACTED])

Facesheet

Demographics

Patient Name SMITH, EDWARD

Sex M

DOB [REDACTED]

Address [REDACTED]

City/State/Zip [REDACTED]

Home Phone [REDACTED]

Mobile Phone [REDACTED]

Insurance Prescription: check now

Height / Weight / BMI / BP

None recorded.

Problems

None recorded.

Surgical History

None recorded.

Medications

None recorded.

Vaccines

None recorded.

Allergies / Adverse Reactions

NKDA

Past Medical History

(none recorded)

Social History

None recorded.

Family History

None recorded.

Patient History - Other

None recorded.

Screening

None recorded.

Clinical Documents

Patient Edward Smith DOB [REDACTED]
Home Phone [REDACTED] Cell Phone [REDACTED]
Address [REDACTED]
City Round Rock TX ZIP 78665
Allergies _____
Diag. _____

Insurance info	
Carrier:	Tricare
Plan	PCN#
Group #	
Member ID #	562420361
Workers Comp	Yes No
DOI	Claim #

BRP-3

- **Conducting** 9.7%
- **Subordinate** 6%
- **Participative** 10%
- **Directive** 7%
- **Autocratic** 6%

BRP-4	
• Subspensia	6%
• Unresolv	0%
• Polidrom	2%
• Edomaz	2%
• Pansistylus	1%
• Adh	

Department Quarterly, 2004-05, 2005-06
 Other Quarterly _____
 Will Apply 1-2 (specify to which quarter) _____
 Other Quarterly _____ **Refills:**

Fluticasone 1%, Fluconazole 2%,
Pentoxifylline .5%, Lidocaine 2%.

Hydroxyzine 10%
300 mL Refill PRN

Improving Quantity: 50% to 60%
 Gross Quantity:
 Full Apply 1.2 (steps 15 collected times, 3.41 sec)
 delay, 1 second = 1.1 sec. **Refill:**

AMS 81
MS 82
Qty 60 Refill PRN

NCP-5	
• Bacteria	2%
• Subcutaneous	6%
• Intravenous	1%
• Antagonism	2%
• Antibiotic	2.5%
• Add	

NCP-7	
• Martindale	20%
• Euphorbia	1%
• Epilobium	2%
• Ginkgo	1%
• Ginkgo	2%
• Ginkgo	2%

NCP-9	
- Euciden	7%
- Ginkgozapfen	7%
- Kadapaetin	6%
fruchtig	7%
dunkel	1%
hell	

- Scalp Care - 4 hair solution
- Hationone
- Hingetite
- Hingetite
- Hingetite

if (genotype == 1) {
 # Genotype 1
 # ...
} else if (genotype == 2) {
 # Genotype 2
 # ...
} else {
 # Genotype 3
 # ...
}

☒ DERM-S: CONTACT
DERMATITIS / ECZEMA

- *Poliovirus* 1%
- *Herpes simplex* 0.01%
- *Coccidioides* 1%

• **Contact Dermatitis with palm, sole:**

- *E. dermatitis* 1%
- *H. dermatitis* 2%

DERM-6: PSORIASIS

• <i>Parasitoid</i>	100%
• <i>Microgaster</i>	90%
• <i>Chorebus</i>	4%
• <i>Microplitis</i>	2%
• <i>Phaenocarpa</i>	2%

**DERM-7: PLANTAR
FASCIITIS**

• <i>Staphylococcus aureus</i>	Staph.
• <i>Staphylococcus</i>	Staph.
• <i>Staphylococcus aureus</i>	Staph.
• <i>Staphylococcus</i>	Staph.
• <i>Staphylococcus aureus</i>	Staph.

M5-2: GENERAL WELLNESS

MS 11: Polysaccharidase (Amyg, Amygase) Phosphate Buffer 5 Mm, pH 7
 250 μ l of 1% substrate (p-nitrophenol) in 0.1M phosphate buffer
 Refill: _____

MS 12: Phosphate (ATP) Buffer, HEPES Buffer and Tris Buffer, 1M Acetate Buffer, 1M Tris
 250 μ l of 1% substrate (p-nitrophenol) in 0.1M phosphate buffer
 Refill: _____

MS-3: GENERAL WELLNESS

<ul style="list-style-type: none"> MS-11: Temperature-Induced Polymerization of 1,2,3,4-Tetrahydro-2H-pyridine-2-one. Ref(1): J. Polym. Sci. Part A: Polym. Chem. 1998, 36, 1111-1118 MS-37: Synthesis of Poly(2-vinylpyridine) and Poly(2-vinylpyridine-co-vinyl acetate) by ATRP. Ref(1): Macromolecules 2000, 33, 1111-1118 	<ul style="list-style-type: none"> MS-11: Temperature-Induced Polymerization of 1,2,3,4-Tetrahydro-2H-pyridine-2-one. Ref(1): J. Polym. Sci. Part A: Polym. Chem. 1998, 36, 1111-1118 MS-37: Synthesis of Poly(2-vinylpyridine) and Poly(2-vinylpyridine-co-vinyl acetate) by ATRP. Ref(1): Macromolecules 2000, 33, 1111-1118
--	--

Prescriber Name: Scott Conard

Doc. # H 2314

1987, 1988, 1989, 1990, 1991, 1992, 1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 26

BC 102 863

Address: 6211 W Northwest Hwy Ste C255

Phone #: 972-292-7158

Facts

877-0292-2347

Signature (Note: Manual Signature Required for CSI)

Date _____

GOH MEDICAL PA • 260 W. JOHN CARPENTER FWY, IRVING TX 75039-2003

SMITH, EDWARD (id #11621, dob: [REDACTED])

Patient Edward Smith		DOB [REDACTED]	
Home Phone [REDACTED]		Cell Phone [REDACTED]	
Address [REDACTED]			
City Round Rock	State TX	Zip 78665	
Allergies			
Diag.			

Insurance info	
Carrier Tricare	
Plan PCNR	
Group #	
Member ID # 562420361	
Workers Comp	Yes No
DOI	Claim #

Back & Radicular Pain <ul style="list-style-type: none"> <input type="checkbox"/> BRP-3 <ul style="list-style-type: none"> Celecoxib 92% Sabapril 6% Fluticasone 16% Lidocaine 2% Add <input type="checkbox"/> BRP-4 <ul style="list-style-type: none"> Galaprida 6% Celecoxib 91% Pantoprazole 2% Glucosamine 2% Hydroxyzine 7% Add <p>Dispensing Quantity: 300mLs OJ Other Quantity: 1 DOS: Apply 1-2 pumps to affected area 3-4 times daily 1 pump = 1.5 mLs Refills: 1</p>	Neuropathic & Chronic Pain <ul style="list-style-type: none"> <input type="checkbox"/> NCP-5 <ul style="list-style-type: none"> Baclofen 2% Amitriptyline 6% Imipramine 1% Hydroxyzine 2% Lidocaine 25% Add <input type="checkbox"/> NCP-7 <ul style="list-style-type: none"> Fluticasone 36% Baclofen 2% Cyclobenzaprine 2% Galaprida 6% Lidocaine 25% Add <input type="checkbox"/> NCP-9 <ul style="list-style-type: none"> Baclofen 7% Cyclobenzaprine 2% Galaprida 6% Baclofen 2% Lidocaine 3% Add <p>Dispensing Quantity: 300mLs OJ Other Quantity: 1 DOS: Apply 1-2 pumps to affected area 3-4 times daily 1 pump = 1.5 mLs Refills: 1</p>	Specialty <ul style="list-style-type: none"> <input checked="" type="checkbox"/> DERM-5: CONTACT DERMATITIS / ECZEMA <ul style="list-style-type: none"> Emollient 1% Methylglucosamin 100% Cosmoquin 4% Contact Dermatitis with pain, add: <ul style="list-style-type: none"> Lidocaine 2% Hydroxyzine 2% <input type="checkbox"/> DERM-6: PSORIASIS <ul style="list-style-type: none"> Baclofen 1% Methylglucosamin 100% Cosmoquin 4% Vitamin B1 100% Hydroxyzine 100% <input type="checkbox"/> DERM-7: PLANTAR FASCITIS <ul style="list-style-type: none"> Diclofenac 5% Sedation 7% Emollient 1% Lidocaine 1% Colchicine 1% Sequestered Hydrochloride 10% <p>Dispensing Quantity: 100mLs OJ Order Quantity: 1 DOS: Apply 1-2 pumps to affected area 3-4 times daily 1 pump = 1.5 mLs Refills: PRN</p>	<ul style="list-style-type: none"> <input type="checkbox"/> MGL-1B: MIGRAINE <ul style="list-style-type: none"> Topiramate 1% Sedation 2% Cyclobenzaprine 7% Lidocaine 1% Hydroxyzine 10% Amitriptyline 62% <input checked="" type="checkbox"/> SCAR <ul style="list-style-type: none"> Baclofen Propionate 2% Isosorbide Dinitrate 7% Pantoprazole 62% for painful scars, add: <ul style="list-style-type: none"> Baclofen 6% Galaprida 17% <input type="checkbox"/> STRETCH MARKS / ELASTICITY <ul style="list-style-type: none"> Baclofen 2% Isosorbide 2% Pantoprazole 62% Hydroxyzine 62% Vitamin B1 50% Vitamin C 3% Etomid 61%
Anti-Fungal Cream Fluticasone 1%, Fluconazole 2%, Pentoxifylline .5%, Lidocaine 2%, Hydroxyzine 10% 300 mL Refill PRN Add <p>Dispensing Quantity: 300mLs OJ Other Quantity: 1 DOS: Apply 1-2 pumps to affected area 3-4 times daily 1 pump = 1.5 mLs Refills: 1</p>	Hair Restoration <ul style="list-style-type: none"> <input type="checkbox"/> Scalp Care - 4 hair solution <ul style="list-style-type: none"> Bifenthrin 10% Permethrin 2% Minoxidil 10% Triclosan 61% <p>Dispensing Quantity: 100mLs OJ Other Quantity: 1 DOS: Apply 1-2 pumps to scalp 2 times a day Refills: 1</p>	Metabolic Supplements <ul style="list-style-type: none"> <input type="checkbox"/> MS-2: GENERAL WELLNESS <ul style="list-style-type: none"> MS-21: Methylglucosamin 100mg, Cyclobenzaprine 7mg, 5-HTT Blocker 100mg, Take 2 capsules by mouth 3 times daily. Dispense 60 Refills: 1 MS-22: Cosmoquin 100 100mg, Methylglucosamin 250mg, N-Acetylglucosamine 250mg, Vitamin B1 1000mg, Take 2 capsules by mouth 3 times daily. Dispense 60 Refills: 1 <input type="checkbox"/> MS-3: GENERAL WELLNESS <ul style="list-style-type: none"> MS-31: Resveratrol 100mg, Epigallocatechin 100mg, Take 2 capsules by mouth 3 times daily. Dispense 60 Refills: 1 MS-32: Hydroxyphenyllactic acid 100mg, Resveratrol 100mg, Methylglucosamin 250mg, Vitamin B1 1000mg, Take 2 capsules by mouth 3 times daily. Dispense 60 Refills: 1 	

Other Formulation

MS81
MS82
Qty 60 Refill PRN

Prescriber Name: **Scott Conard** NPI # **1831161546**

Lic. # **H2314** DEA # **6C1028631**

Address: **6211 W Northwest Hwy Ste C255**

Phone # **972-242-7158** Fax # **972-242-2247**

Signature (Note: Manual Signature Required for CS) *[Signature]* Date: **1/29/15**

Medication List

None recorded.

BOH MEDICAL PA • 200 W. JOHN CARPENTER FWY, IRVING TX 75039-2003

SMITH, EDWARD (id #11621, dob: [REDACTED])

Vaccination History

None recorded.

GOH MEDICAL PA • 200 W. JOHN CARPENTER FWY, IRVING TX 75039-2003

SMITH, JANE (id #11622, dob: [REDACTED])

Medical Records - CONFIDENTIAL

FROM: TX - GOH Medical, PA
LAUREN/NURSE
200 W. JOHN CARPENTER FWY, IRVING, TX 75039-2003
Phone: (972) 292-7158
Fax: (877) 292-2247

TO: SCOTT CONARD MD
6211 W NORTHWEST HWY, DALLAS, TX 75225
Phone: (972) 292-7158
Fax: (877) 292-2247

Name: SMITH, JANE

DOB: [REDACTED]

Date Range: to 06/14/2018

This document contains the following records of the patient:

- Facesheet
- Clinical Documents
- Medication List
- Vaccination History

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GOH MEDICAL PA • 200 W. JOHN CARPENTER FWY, IRVING TX 75039-2003

SMITH, JANE (id #11622, dob: [REDACTED])

Facesheet

Demographics

Patient Name SMITH, JANE

Sex F

DOB [REDACTED]

Address [REDACTED]

City/State/Zip [REDACTED]

Home Phone [REDACTED]

Mobile Phone [REDACTED]

Insurance Prescription: check now

Height / Weight / BMI / BP

None recorded.

Problems

None recorded.

Surgical History

None recorded.

Medications

None recorded.

Vaccines

None recorded.

Allergies / Adverse Reactions

NKDA

Past Medical History

(none recorded)

Social History

None recorded.

Family History

None recorded.

GYN History

None recorded.

Patient History - Other

None recorded.

Past Pregnancies

None recorded.

Obstetric History

None recorded.

Screening

None recorded.

Clinical Documents

Patient **D08**
Jane Smith
Home Phone [REDACTED] Cell Phone [REDACTED]
Address [REDACTED]
City Round Rock State TX Zip 78665
Allergies [REDACTED]
Diag. [REDACTED]

Insurance info	
Carrier	Tricare
Bin #	PCN9
Group #	
Member ID #	562420361
Workers Comp	Yes No
DOI	Claim #

DRP-3

- Dorcas 0.2%
- Calapindo 6%
- Halapendo 10%
- Hicocine 2%
- Ist

BRP-4	
• Schlägerzeit	25
• Cardiac	0.1%
• Endstrom	2%
• Litersage	2%
• Postkollaps	2%
• Ant	

Dispensing Quantity: 750mg/300
Other Quantity: _____
100 Amps 1-2 per page to attached and 1-4 to each
date: 1 page - 17-04 Refills: _____

☒ Anti-Fungal Cream

Fluticasone 1%, Fluconazole 2%,
Pentoxifylline .5%, Lidocaine 2%.

Hydroxyzine 10%
300 mL Qty 6000 PRN

Shipping & Quantity Information
 Order Quantity: _____
 (Qty Apply 12 pieces to effect, 30 days 1-4 more
 daily 1 piece 1 month Refill: _____)

Other Formulation

MS-81
MS 82
Qty 60 Refill PRW

NCP-5	
• Barbitone	1%
• Glucoprotein	9%
• Hypermature	3%
• Infection	2%
• Induction	23%
• Lact	

NCP-7

- Displacement 70%
- Buckling 2%
- Arching space 7%
- Settlement 0%
- Heave 25%
- Arch:

NCP-9	
• Bactrim	2%
• Cefazolin	2%
• Clindamycin	0%
• Doxycycline	2%
• Erythromycin	1%

Hair Restoration

☐ Scalp Care -
4 hair solution

Dispersing Capacity: 100000
 Gather Quantity: 100000
 Dispersing Capacity: 100000
 Hostile: 100000

☒ DERM-S: CONTACT
DERMATITIS / ECZEMA

- Hydrocortisone 1%
- Methylprednisolone 0.5%
- Triamcinolone 0.1%

Contact Dermatitis with pain, add:

- Ibuprofen 2%
- Hydroxyzine 2%

DERM-6: PSORIASIS

• Baccarat	1%
• Blackjack	0.5%
• Craps	4%
• Roulette	0.52%
• Slots	0.02%

☐ DERM-7: PLANTAR
FASCIITIS

• Ferkelzucht	750
• Backstein	150
• Fliesenleger	150
• Klebwerk	200
• Verputzen mit Kalkputz	300

if the density ρ is proportional to the distance r as a 1.5th order density, $\rho \propto r^{1.5}$.

Metabolic Supplements

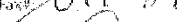
MS-2: GENERAL WELLNESS

• 25% 25-Methylphosphoric, 25mg, 100mg, 500mg, 1000mg, 5000mg, 10000mg
 25% 25-Methylphosphoric, 25mg, 100mg, 500mg, 1000mg, 5000mg, 10000mg Refills: _____

• 25% 25-Methylphosphoric, 25mg, 100mg, 500mg, 1000mg, 5000mg, 10000mg
 25% 25-Methylphosphoric, 25mg, 100mg, 500mg, 1000mg, 5000mg, 10000mg Refills: _____

MS-3: GENERAL WELLNESS

- **At-131: Iodine-131** (Radioactive Iodine) **Exposure: High**
 (At-131 is a highly radioactive isotope of iodine) **Refill:** _____
- **At-132: Iodine-132** (Radioactive Iodine) **Exposure: High**
 (At-132 is a highly radioactive isotope of iodine) **Refill:** _____

Prescriber Name: Scott Conrad
 NPI # 1831161546
 E.O.P. H 2314 DEA# BC1028631
 Address: 6211 W Northwest Hwy Ste C255
 Phone # 972-292-7150 Fax# 972-292-2247
 Signature:  (Note: Manual Signature Required for CII)

None recorded.

GOH MEDICAL PA • 200 W. JOHN CARPENTER FWY., IRVING TX 75039-2003

SMITH, JANE (id #11622, dob: [REDACTED])

Vaccination History

None recorded.

GOH MEDICAL PA • 200 W. JOHN CARPENTER FWY, IRVING TX 75039-2003

YOUNG, AMBER (id #12537, dob: [REDACTED])

Medical Records - CONFIDENTIAL

FROM: TX - GOH Medical, PA
LAUREN/NURSE
200 W. JOHN CARPENTER FWY, IRVING, TX 75039-2003
Phone: (972) 292-7158
Fax: (877) 292-2247

TO: SCOTT CONARD MD
6211 W NORTHWEST HWY, DALLAS, TX 75225
Phone: (972) 292-7158
Fax: (877) 292-2247

Name: YOUNG, AMBER

DOB: [REDACTED]

Date Range: to 06/14/2018

This document contains the following records of the patient:

- Facesheet
- Clinical Documents
- Medication List
- Vaccination History

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GCH MEDICAL PA • 200 W. JOHN CARPENTER FWY, IRVING TX 75039-2003

YOUNG, AMBER (id #12537, dob: [REDACTED])

Facesheet

Demographics

Patient Name YOUNG, AMBER

Sex F

DOB [REDACTED]

City/State/Zip [REDACTED]

Home Phone [REDACTED]

Mobile
Phone [REDACTED]

Insurance Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information. details

Height / Weight / BMI / BP

None recorded.

Problems

None recorded.

Surgical History

None recorded.

Medications

None recorded.

Vaccines

None recorded.

Allergies / Adverse Reactions

NKDA

Past Medical History

(none recorded)

Social History

None recorded.

Family History

None recorded.

GYN History

None recorded.

Patient History - Other

None recorded.

Past Pregnancies

None recorded.

Obstetric History

None recorded.

Screening

None recorded.

Clinical Documents

GCH MEDICAL PA • 200 W. JOHN CARPENTER FWY. IRVING TX 75039-2003

YOUNG, AMBER (id #12537, dob: [REDACTED])

Vaccination History

None recorded.

GOH MEDICAL PA • 200 W. JOHN CARPENTER FWY., IRVING TX 75039-2003

YOUNG, MICHAEL (id #12538, dob: [REDACTED])

Medical Records - CONFIDENTIAL

FROM: TX - GOH Medical, PA
LAUREN/NURSE
200 W. JOHN CARPENTER FWY, IRVING, TX 75039-2003
Phone: (972) 292-7158
Fax: (877) 292-2247

TO: SCOTT CONARD MD
6211 W NORTHWEST HWY, DALLAS, TX 75225
Phone: (972) 292-7158
Fax: (877) 292-2247

Name: YOUNG, MICHAEL

DOB: [REDACTED]

Date Range: to 06/14/2018

This document contains the following records of the patient:

- Facesheet
- Clinical Documents
- Medication List
- Vaccination History

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GOH MEDICAL PA • 200 W. JOHN CARPENTER FWY, IRVING TX 75039-2003

YOUNG, MICHAEL (id #12538, dob: [REDACTED])

Facesheet

Demographics

Patient Name YOUNG, MICHAEL

Sex M

DOB [REDACTED]

City/State/Zip [REDACTED]

Home Phone [REDACTED]

Mobile
Phone [REDACTED]

Insurance Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information. details

Height / Weight / BMI / BP

None recorded.

Problems

None recorded.

Surgical History

None recorded.

Medications

None recorded.

Vaccines

None recorded.

Allergies / Adverse Reactions

None recorded.

Past Medical History

(none recorded)

Social History

None recorded.

Family History

None recorded.

Patient History - Other

None recorded.

Screening

None recorded.

Clinical Documents

GOH MEDICAL PA • 200 W. JOHN CARPENTER FWY, IRVING TX 75039-2003

YOUNG, MICHAEL (id #12538, dob: [REDACTED])

Patient		DOB	
Michael Young		[REDACTED]	
Home Phone	Cell Phone	Insurance info	
714-232-1234	[REDACTED]	Carrier: Ticare	
Address		Plan	PCH#
[REDACTED]		Group #	
City	State	Member ID #	
Peyton	TX	460991041	
Zip		Workers Comp	Yes No
760631		COI	Claim #
Diag.			

Back & Radicular Pain

- ☐ BRP-3
- Ibuprofen 0.2%
 - Gabapentin 6%
 - Pentoxifylline 10%
 - Lidocaine 2%
 - Add:

- ☐ BRP-4
- Gabapentin 6%
 - Clonidine 0.1%
 - Biotin 2%
 - Lidocaine 2%
 - Piroxicam 2%
 - Add:

Dispensing Quantity: 300mL OR
Other Quantity: _____
DOS: Apply 1-2 pumps to affected area 1-4 times daily, 1 pump = 1 mL. Refills: _____

General Pain/Inflammation

- ☐ GPI-2
- Fluticasone 0.05%
 - Cycloheximide 2%
 - Budesonide 2%
 - Add:

Dispensing Quantity: 300mL OR
Other Quantity: _____
DOS: Apply 1-2 pumps to affected area 1-4 times daily, 1 pump = 1 mL. Refills: _____

Other Formulation

- ☒ Anti-Fungal Cream
- Fluticasone 1%, Fluconazole 2%,
Pentoxifylline .5%, Lidocaine 2%,
Hydroxyzine 10%
- 300 mL Refills 6

Neuropathic & Chronic Pain

- ☐ NCP-5
- Baclofen 2%
 - Gabapentin 6%
 - Piroxicam 2%
 - Lidocaine 2%
 - Add:

- ☐ NCP-7
- Fludrocortisone 2%
 - Baclofen 2%
 - Cycloheximide 2%
 - Gabapentin 6%
 - Lidocaine 2%
 - Add:

- ☐ NCP-9
- Baclofen 2%
 - Cycloheximide 2%
 - Gabapentin 6%
 - Lidocaine 2%
 - Add:

Dispensing Quantity: 300mL OR
Other Quantity: _____
DOS: Apply 1-2 pumps to affected area 1-4 times daily, 1 pump = 1 mL. Refills: _____

Hair Restoration

- ☐ Scalp Care - 4 hair solution
- Fluticasone 1.0%
 - Betamethasone 2%
 - Minoxidil 6%
 - Triclosin 0.1%

Dispensing Quantity: 120mL OR
Other Quantity: _____
DOS: Apply up to 2mL to scalp 1 time a day
Refills: _____

Specialty

☐ DERM-5: CONTACT DERMATITIS / ECZEMA

- Budesonide 1%
- Methylcortisone 0.02%
- Clobetasol 4%
- Contact Dermatitis with pain, add:
- Lidocaine 2%
- Hydroxyzine 2%

☐ DERM-6: PSORIASIS

- Fluticasone 1%
- Methylcortisone 0.02%
- Clobetasol 4%
- Vitamin D3 0.05%
- Triclosin 0.02%

☐ DERM-7: PLANTAR FASCIITIS

- Clotrimazole 6%
- Baclofen 2%
- Hydroxyzine 2%
- Lidocaine 2%
- Triamcinolone 10%

Dispensing Quantity: 300mL OR Other Quantity: _____
DOS: Apply 1-2 pumps to affected area 1-4 times daily, 1 pump = 1 mL. Refills: 6

☐ MGL-1B: MIGRAINE

- Ibuprofen 1%
- Baclofen 2%
- Cycloheximide 2%
- Lidocaine 1%
- Methylcortisone 10%
- Piroxicam 0.2%

☒ SCAR

- Hydrocortisone 1%
- Triclosin 0.02%
- Piroxicam 0.02%

For psoriasis, add:

- Piroxicam 1%
- Gabapentin 10%

☒ STRETCH MARKS / ELASTICITY

- Fluticasone 1%
- Clonidine 2%
- Pentoxifylline 0.5%
- Hydroxyzine 0.2%
- Vitamin B5 0.5%
- Vitamin C 5%
- Estradiol 0.1%

Metabolic Supplements

☐ MS-2: GENERAL WELLNESS

- MS-21: Methylcobalamin 200mcg, Folic Acid 5-Phosphate 70mg, Vitamin E 100mg
DOS: Take 1 capsule by mouth twice daily, Dispense 60 Refills: _____
- MS-22: Coenzyme Q10 100mg, Alpha Lipoic Acid 250mg, Vitamin E 100mg, Vitamin C 1000mg
DOS: Take 2 capsules by mouth twice daily, Dispense 60 Refills: _____

☒ MS-3: GENERAL WELLNESS

- MS-31: Resveratrol Powder 100mg, Pterin 20mg
DOS: Take 2 capsules by mouth once daily, Dispense 60 Refills: 12
- MS-32: Hydroxytyrosol 20mg, Coenzyme Q10 100mg, Alpha Lipoic Acid 250mg, Vitamin E 1000mg
DOS: Take 2 capsules by mouth once daily, Dispense 60 Refills: 12

Prescriber Name: Scott Conard
NPI # 1831161546 Lic.# H2314 DEA # BC1028631
Address: 6211 W Northwest Highway, Ste C255
Phone: 977-292-7158 Fax: 877-292-2247
Signature: [Signature] Date: 11/22/14
(Note: Manual Signature Required for CS)

Medication List

None recorded.

GOH MEDICAL PA • 200 W. JOHN CARPENTER FWY. IRVING, TX 75039-2003

YOUNG, MICHAEL (id #12538, dob: [REDACTED])

Vaccination History

None recorded.